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INDICATION FORM**

Application Number	
Filing Date	
First Naming Inventor	JAMES ROUELLE
Title	Balloon Instrument and Method of...
Art Unit	
Examiner Name	
Attorney Docket Number	MURPHY-001

I hereby revoke all previous powers of attorney given in the above-identified application.

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61530

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Name	Registration Number
Karen B. Tripp	30,452

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/05)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

5-15-06

Name

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Telephone

Title and Company

Co-inventor

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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